

FORMS BY MED LAB & LABEL BOX #17 ALBERTSON N.Y. 11507
1183Dr
Bander

Fusion, E

COST
CENTER # 6801CAGE ID # 92080 RM. # _____INVESTIGATOR _____ EXT. 65494SP/STR BALB/c SEX ♀

DATE REC'D. _____ PO# _____

ID # OR
#CAGE _____ VENDOR _____

Dr Lin Peggy

LNcap cell 6x10⁶/per mouse i.p.
date _____Fusion: E date _____ i.p.
date _____ i.p.ANIMAL MAINTENANCE
CHARGES TO C.C. _____

FUND# _____

PROTOCOL# _____

final breeder: _____
